

CS 1/13/03



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSIONP 25
RMH**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) Pregill	(First) Carol	(Middle)	TELEPHONE (808) 592-4200
MAILING ADDRESS (Street) 1240 Ala Moana Blvd., Suite 215			FAX (808) 592-4202
(City) Honolulu	(State) HI	(Zip Code) 96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Retail Merchants of Hawaii			TELEPHONE (808) 592-4200
MAILING ADDRESS (Street) 1240 Ala Moana Blvd., Suite 215			FAX (808) 592-4202
(City) Honolulu	(State) HI	(Zip Code) 96814	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Retail Merchants of Hawaii		TELEPHONE (808) 592-4200
MAILING ADDRESS (Street) 1240 Ala Moana Blvd., Suite 215		FAX (808) 592-4202
(City) Honolulu	(State) HI	(Zip Code) 96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Carol Pregill		TELEPHONE (808) 592-4200
MAILING ADDRESS (Street) 1240 Ala Moana Blvd., Suite 215		FAX (808) 592-4202
(City) Honolulu	(State) HI	(Zip Code) 96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

01.08.03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Carol Pregill

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President

NAME OF ORGANIZATION (if applicable)

Retail Merchants of Hawaii

TELEPHONE

(808) 592-4200

MAILING ADDRESS (Street)

1240 Ala Moana Blvd., Suite 215

FAX

(808) 592-4202

(City)

Honolulu

(State)

HI

(Zip Code)

96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

01.08.03

(Date)